

Heaton Lodge Limited

Heaton Lodge

Inspection report

320 Wellington Road North
Heaton Chapel
Stockport
Greater Manchester
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Tel: 01614328589

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15 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Heaton Lodge is a residential care home which provides accommodation and personal care for up to 23 people with a mental health need. At the time of our inspection there were 20 people living at the home and one person who was in hospital.

People's experience of using this service: At this inspection we found the evidence supported the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Medicines were managed safely, and people's health needs were being met.

Risks were well managed. People were supported with their health needs and had access to a range of health care professionals.

Staff received the training and support they needed to carry out their roles effectively. Staff had been safely recruited and there were sufficient numbers of staff to provide people with the person-centred support they needed.

People had been involved and consulted with in the assessment and planning of their care and support. The provider was working within the principles of the MCA.

Care records were person centred and gave staff information about the support people needed and how staff could help promote people's independence, choice, health and well-being.

Parts of the home needed updating. The provider had plans in place for the home to undergo extensive renovation and to change the model of care. The works were due to start in July 2019. It is intended that in the near future, the current provider will apply to register Heaton Lodge with the Care Quality Commission (CQC) as a supported living service.

Staff and managers knew people well. Staff placed great importance on promoting and maintaining people's independence. People took part in activities that helped them remain part of the wider community.

Everyone was very positive about how the service was run and organised. People spoke highly of the registered manager and the providers.

We found the registered manager to be passionately committed to providing good quality person-centred care. Staff we spoke with shared this commitment.

Rating at last inspection: At the last comprehensive inspection published in March 2018, we found the

service required improvement in safe and well led and was good in effective, caring and responsive. This gave the service an overall rating of requires improvement. At that inspection we found one breach of Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Heaton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was completed by one adult social care inspector.

Service and service type:

Heaton Lodge is a care home registered to provide accommodation and personal care for up to 23 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of inspection was unannounced. Inspection site visit activity started on 8 May 2019 and ended on 15 May 2019.

What we did:

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us

by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Stockport for their views on the service. They raised no concerns.

During our inspection we spoke with seven people who used the service, the registered manager, deputy manager, area director, maintenance person, cook, administrator and three support workers.

We looked at three people's care records, a range of records relating to how the service was managed including six medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection published in March 2018 we rated this question as requires improvement. This was because the provider did not ensure the proper and safe management of medicines. At this inspection we found that action had been taken to address the concerns.

Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. Significant improvements had been made since our last inspection and continuous auditing had ensured that medicines could be accounted for and the records showed that medicines were given safely as prescribed.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.
- Records relating to people who were prescribed medicines or creams to be given 'when required' or with a choice of dose, were in place and gave clear guidance to staff on when and how to administer the medicine.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- People we spoke with said they felt safe living at the home. One person told us, "I have never felt safer." Other people said, "I feel very safe living here. I haven't had a problem with any of the other residents" and "I would speak to staff if I felt unsafe."
- Staff had received training in safeguarding people from abuse. Staff and people who used the service knew how to raise any concerns and were confident any concerns they raised would be dealt with appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were person-centred and guided staff on what needed to happen to keep people safe. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used. During our visit we saw that work was being carried out on some hot water temperature controls as the water had been identified as above safe temperatures and parts of the fire detection system were also being updated.
- Systems were in place to protect people in the event of an emergency. Detailed contingency plans gave information to staff on action to take for events that could disrupt the service.

Staffing and recruitment

- There was a safe system of staff recruitment in place. We looked at three staff files. They contained the necessary checks and documents to ensure fit and proper people were employed.
- The service had policies and procedures to guide staff on what was expected of them in their roles.
- People were supported by staff they knew and who knew them well. Cover for sickness or leave was provided either by other staff from the home or from a small bank of regular casual staff.
- There were sufficient staff to meet people's needs and during our inspection we saw staff responded quickly when people who used the service asked for support.

Preventing and controlling infection

- The home was clean. There were detailed cleaning schedules and audits.
- There were policies and procedures for the prevention and control of infection to inform staff of good practice issues. Staff had received training in infection prevention
- Suitable facilities were in place for the cleaning of people's clothes. One person told us, "They [staff] always make sure I have clean clothes."

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- The manager reviewed the records and action was taken to identify any patterns or lessons that could be learned to prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed. Conditions of DoLS authorisations were being met.
- The care records we reviewed showed that people had been involved and consulted with in the assessment and planning of their care and support.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Where needed independent advocates were involved in best interest decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Individual assessments were completed to help identify people's support needs and reduce the risks to people such as accessing activities in the community, bathing, food preparation, medicine and nutrition.
- Environmental risk assessments looked at how to minimise potential hazards within the home including fire safety.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- We saw all new staff completed an induction to the service. Those who were new to care services also completed the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care.
- Records showed staff completed a range of training the provider considered mandatory. Records showed that overall the staff at the service had completed 97% of their mandatory training. Staff told us, "The training is great."

- Records showed a programme of regular supervision and annual appraisals was in place. Staff told us they felt very supported. One staff member said, "I feel very supported, the directors are great. [Registered manager] is really, really helpful. She takes the time to sit down and speak to you. She is always there for you. If you have a problem they will help you."

Supporting people to eat and drink enough to maintain a balanced diet

- We found people's nutritional needs were met. Food was stored and prepared safely. The kitchen was clean and appropriate checks such as food temperatures were being maintained. The kitchen was awarded a 5-star food hygiene rating in January 2019.
- People were very positive about the new cook and the food provided. One person told us their specific dietary wishes were respected. Another person said, "Mealtimes are nice and relaxed."
- Records showed that staff were given guidance on how to encourage people to eat healthy, whilst still respecting the persons wishes.
- There was a small kitchen area where people could help themselves to drinks or make snacks if they wished.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
- People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GPs, community psychiatric nurses, opticians and dentists. We saw that where one person was reluctant to attend appointments, home visits had been arranged.
- People were also encouraged and supported to attend regular health checks and screening appointments.

Adapting service, design, decoration to meet people's needs

- Parts of the home needed updating. The provider had plans in place for the home to undergo extensive renovation and there were plans in place to change the model of care. The works were due to start in July 2019. It is intended that in the near future, the current provider will apply to register Heaton Lodge with the Care Quality Commission (CQC) as a supported living service. Staff we spoke with were all very positive about the planned changes and how they thought it would improve the care provided. One staff member said, "Everyone is embracing the changes. The staff are all with it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff were present in communal areas and were attentive to people who used the service.
- The manager and staff knew people well.
- People told us the staff were kind and caring. They said, "The staff are great, I can't fault them" and "The staff are really good. They are very kind to me."
- The home had lots of thank you cards. We were shown a letter of thanks that had been sent from the family of someone who had recently passed away. They had asked the registered manager to share the letter with CQC. It said; "I would like to say a heartfelt thank you for the love and care you have shown to our [person who used the service] ... we cannot fault the care that you have given [person] throughout [person] many years at Heaton lodge. [Person] was always so happy with you and thought of you as family." The letter described how staff had visited hospital in their own time and made sure the person had someone they knew with them.
- Staff we spoke with told us they enjoyed working at Heaton Lodge. They spoke with pride about the work they did and the people who lived at the home. One staff member we spoke with described a person who used the service and how they had flourished with support. They spoke with passion about the person's progress. Other staff members said, "I love it. I get on with everyone. I love being with service users. We all get on great. I love the job" and "Every day is different there is lots of banter and singing. Where else would you get paid for doing this."

Supporting people to express their views and be involved in making decisions about their care

- Care records considered people's views and showed they were involved in making decisions about their care and support so that it was provided in a way that met the individual needs of people. Information was person centred and included what was important to them as well as their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- All records were stored securely to ensure people's information remained confidential.
- We observed staff knocking on people's bedroom doors and asking permission to enter before going in. One person who used the service said, "The staff are great with us. Really helpful and polite. They knock on my door before coming in my room."
- People told us their relationships with family and friends were respected by staff. One person said, "Staff encourage me to keep in contact with my family."
- Staff we spoke with placed great importance on promoting and maintaining people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were person centred and gave staff information about the support people needed and how they could help promote the persons independence, choice, health and well-being. They included information about peoples likes and dislikes and things they wanted to do in the future.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. No one required information in a different format; such as larger font. However, this could be provided if required.
- One person said they couldn't remember seeing their care plans but said, "The staff know how to look after us. So there has been no reason to discuss how they look after me." We saw that where appropriate relatives and professionals were involved in planning and reviewing people's care and support.
- People told us there was a range of activities on offer both in the home and wider community. One person said, "The staff are great when they are trying to get me involved with activities."
- During our inspection we saw people joining in a 'knit and natter' session. People were enjoying the activity and having relaxed conversations.
- People were involved in a wide variety of activities in the community, including leisure clubs, sports, coffee afternoons, visiting family and friends, concerts, shopping and trips to places of interest. This helped to reduce people's social isolation and ensure people remained part of the wider community. A staff member said, "There are lots of activities. We have always been person centred but now it's even better." One person who used the service told us, "The staff are always encouraging me to get more involved with activities that are going on; inside and outside the service."

Improving care quality in response to complaints or concerns

- There was a complaints procedure and system in place to log any complaints received. People we spoke with told us they did not have any complaints but knew how to make a complaint if they had any concerns. One person said, "I have never had to complain about anything."
- There had been two complaints in the last 12 months. We saw the registered manager had investigated the complaints and provided a response in line with the complaints policy and looked at ways to minimise incidents. Records show that matters have been explored and responded to accordingly.

End of life care and support

- People were encouraged to tell staff what they wanted at the end of their life to ensure their wishes were followed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Everyone we spoke with was very positive about how the service was now run and organised. One person who used the service said, "It's a good service."
- People were positive about the providers and their involvement with the service. One staff member said, "They are brilliant, they are so supportive and keep us informed every step of the way." Others said, "It's lovely, a whole new way of working. More modern. They have put lots of things in place" and "I feel involved, more part of things. We had a meeting last week to talk about supported living. There is more belief in us. It's really, really good."
- The service had a statement of purpose which explained the legal status of the company and the services and facilities provided. These also explained the service's aims, values and objectives.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory requirements.
- The registered manager had submitted relevant statutory notifications to the CQC. The previous inspection report was displayed in the entrance hall.
- Everyone we spoke with was very positive about the registered manager. People who used the service said, "The manager is fantastic. She is really helpful and kind", "The manager is great. Very nice to me." Staff told us, "You can speak to her about anything and she will help if she can", "She is easy to talk to and is someone who listens" and "She is brilliant."
- We found the registered manager to be passionately committed to providing good quality person centred care. Staff we spoke with shared this commitment.
- The management team had recently been increased and a new deputy manager post had been created to assist the registered manager. One staff member said, "The new deputy is brilliant. We had to deal with some difficult things last week. [Deputy] just got on with it." Another said, "The new deputy manager is mustard, she knows her stuff."
- We found that staff were clear about their roles. One staff member told us, "The team are in a good place,

no negativity we have a great team. It's like a big family. We all know who's best for doing which jobs."

- Staff were provided with an 'on-call' number which was available outside of office hours should they need any advice or if there was an emergency.
- We found there were now good systems of daily, weekly and monthly quality assurance checks and audits. Overviews of the findings were sent to the provider.
- The registered manager held daily meetings with senior staff. These were used to identify any concerns and to update on plans for the day. The registered manager also attended a monthly meeting for managers of all the provider's services. These were used to ensure good practice was shared and improvements needed were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Records showed that commissioners of the service and medical professionals were involved in people's care and staff sought their involvement when needed.
- Regular staff meetings were held. They included information about improvements planned. Staff we spoke with told us they felt listened to.
- People who used the service were asked their views about the care and support they received. In the last six months questionnaires had been given to people. These asked people about the service, their well-being and about their interests and hobbies. We saw that action was being taken to try to match staff with similar interests and hobbies to those people had identified. Monthly residents' meetings were held. We saw that recent meetings had discussed health and safety, meal planning and safeguarding.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a very positive approach to supporting people as individuals.
- The manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.